



### **CDL THIRD PARTY EXAMINERS REIMBURSEMENT FORM**

**Questions? Email [Shravanthi.Ragavapuram@education.ky.com](mailto:Shravanthi.Ragavapuram@education.ky.com) or call 502-564-5279 x 4426**

- All areas with an \* must be completed, or a delay in payment may occur.
- Complete the District Name, Examiner Name, Gross Hourly Rate & the current Month & year. (Only 1 month per form)
- Submit reimbursements every 3 months. KDE will pay quarterly. Do not hold the reimbursement request for longer than 3 months.
- List the number of hours worked per day as the 3<sup>rd</sup> party examiner.
- List Expenses other than hours worked on page 2 of the form. A receipt must be included to show the expense. Include a brief description of why the product was purchased.
- For mileage claims, a MapQuest showing the starting location (physical address) and the ending location (physical address) must be included.
- Each Form must be signed by the examiner and the supervisor. Provide a name and phone number for any questions regarding the Reimbursement Request. (please print clearly)

#### **DO NOT:**

- Do not send in payroll sheets.
- Do not hold the request for reimbursement longer than 3 months.
- Do not forget to attach any and all receipts.
- Scan the documents and upload to website provided by KDE. Only authorized persons will have access to the link.



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District must provide verification for all expenses or it will not be reimbursed.

(All areas with \* must be completed)

\*DISTRICT NAME: \_\_\_\_\_ \*EXAMINER NAME: \_\_\_\_\_

\*GROSS HOURLY RATE: \_\_\_\_\_ \* MONTH / YEAR: \_\_\_\_\_

Reimbursable hours worked per day:

1 _____	16 _____
2 _____	17 _____
3 _____	18 _____
4 _____	19 _____
5 _____	20 _____
6 _____	21 _____
7 _____	22 _____
8 _____	23 _____
9 _____	24 _____
10 _____	25 _____
11 _____	26 _____
12 _____	27 _____
13 _____	28 _____
14 _____	29 _____
15 _____	30 _____
	31 _____

MONTHLY

\*TOTAL HOURS

\*TOTAL OTHER EXPENSES

\*GRAND TOTAL

\*Examiner Signature \_\_\_\_\_ (Verify total hours worked)

